

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name: that I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought in the application entitled:

"REMOT	E ACCESS MEDICAL	MAGE EXCHANGE SYST	TEM AND METHOD	S OF OPERATIO	N THEREFOR"	
which application	on is:					
X the attache		application Se	application Serial No			
(for original application)		filed, ar	filed, and amended on			
		(for declaration no	ot accompanying application	on)		
that I have revi		ntents of the specification of the	above-identified applicati	ion, including the cl	aims, as amended by an	
that I acknowled that I hereby cla- certificate listed	ge my duty to disclose inform	nation of which I am aware which nder Title 35, United States Code d on said list any foreign applicatority is claimed:	§119, §172 or §365 of any	toreign application(s) for patent or inventor s	
Applic	ation Number	Country	Filing Date Priority Claim (yes or no)		•	
subject matter	of each of the claims of the	United States Code §120 of a is application is not disclosed ed States Code, §112, I acknow the filing date of the prior applications.	in a listed prior United a pwledge my duty to dis	States application is close any material	n the manner provided information under 37	
Applic 60/017	ation Serial No.	Filing Date May 13, 1996		Status pending		
prosecute this	int Raymond H. J. Powe application and to transace about the application be	II, Jr., Reg. No. 34,231, and ct all business in the Patent as addressed to: Raymond H. J. P.O. Box 3 Alexandria, Virginia	Powell, Jr.	i, Jr, Reg. No. 31 connected therewith	,439, my attorneys to h, and request that all	
are believed to made are puni- false statemen	be true; and further that shable by fine or imprison	therein of my own knowledges these statements were made ment, or both, under Section dity of the application or any First Inventor: Signature:	with the knowledge that 1001 of Title 18 of the	United States Code . L. Middle Initial	ements and the like so	
residence.	Address	Post Office Address:	118 Weaver Road, E		A 12523	
Citizenshin:	United States	_				

[] One or more additional inventors are being named on separately numbered sheets attached hereto.





PTC/SB/09 (10-95)
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VERIFIED STATEMENT CLAI	Docket Number (Optional)					
(37 CFR 1.9(f) & 1.27(b))INDE	RAMIX-001US					
Applicant or Patentee: Andrew L Application or Patent No.: Filed or Issued: Title: REMOTE ACCE SYSTEM AND M As a below named inventor, I hereby 1.9(c) for purposes of paying reduced the specification filed herewith the application identified above. I have not assigned, granted, convey grant, convey, or license, any rights in under 37 CFR 1.9(c) if that person habusiness concern under 37 CFR 1.9(c) Each person, concern, or organization obligation under contract or law to as	SS MEDICAL IMAGING ETHODS OF OPERATION declare that I qualify as an independent inverties to the Patent and Trademark Office de with title as listed above. e. ed, or licensed, and am under no obligation the invention to any person who would not qual made the invention, or to any concern which on a nonprofit organization under 37 CFR to to which I have assigned, granted, conveying grant, convey, or license any rights in the	G EXCHANGE ON THEREFOR Intor as defined in 37 CFR scribed in: under contract or law to assign, alify as an independent inventor ich would not qualify as a small 1.9(e).				
No such person, concern, or organization exists.						
Each such person, concern, or organization is listed below.						
I acknowledge the duty to file, in this a entitlement to small entity status pri maintenance fee due after the date of the declare that all statements mainformation and belief are believed to the willful false statements and the like so of Title 18 of the United States Code application, any patent issuing there will an account of the United States Code application.	application or patent, notification of any char or to paying, or at the time of paying, the en which status as a small entity is no longer and herein of my own knowledge are true a be true; and further that these statements were made are punishable by fine or imprisonments, and that such willful false statements maden, or any patent to which this verified statements.	nge in status resulting in loss of parliest of the issue fee or any appropriate. (37 CFR 1.28(b)) and that all statements made on the made with the knowledge that ont, or both, under section 1001 by jeopardize the validity of the				
Date	Date	Date				

Burden Hour Statement: This form is estimated to take 0.3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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